

## CLAIMS ONLY

Application Number

Application Number  
10/619, 058

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED 9/27/05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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50						
Total Indep	3					
Total Depend	17					
Total Claims	20					

* May be used for additional claims or amendments			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						